

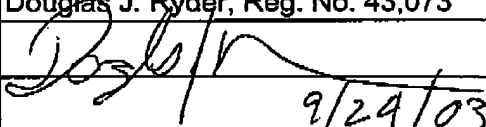
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> CUSTOMER NUMBER 27832	Application Number	09/591,577	
	Filing Date	09 JUNE 2000	
	First Named Inventor	ELDERING	
	Group Art Unit	3622	
	Examiner Name	Stephen Gravini	
Total Number of Pages in This Submission	17	Attorney Docket Number	T702-03

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks RCE Transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Expanse Networks, Inc. Douglas J. Ryder, Reg. No. 43,073
Signature	
Date	9/24/03

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- 1.) Certificate of Transmission (1 pg.)
- 2.) Transmittal Form (1 pg.)
- 3.) Fee Transmittal (+ 1 copy) (2 pgs total)
- 4.) Request for Continued Examination (RCE) Transmittal (1 pg.)
- 5.) Amendment (13 pgs.)

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**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 375.00

Complete if Known

Application Number	09/591,577
Filing Date	June 9, 2000
First Named Inventor	ELDERING
Examiner Name	Stephen Gravini
Group Art Unit	3622
Attorney Docket No.	T702-03

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: **501535**
 Deposit Account Name: **Expense Networks, Inc.**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27.

- 2.
- ☐
- Payment Enclosed:
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- ☐
- Credit card
- ☐
- Money Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	0.00
105 320	205 160	Design filing fee	0.00
107 400	207 245	Plant filing fee	0.00
108 710	208 355	Reissue filing fee	0.00
114 150	214 75	Provisional filing fee	0.00

SUBTOTAL (1) (\$) 0.00**2. EXTRA CLAIM FEES**

Total Claims: **46** 46** = **0** x **9.00** = **0.00**
 Independent Claims: **5** 5** = **0** x **42.00** = **0.00**
 Multiple Dependent: **140.00** = **0.00**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 42	Independent claims in excess of 3
104 270	204 140	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00	
139 130	139 130	Non-English specification	0.00	
147 2,520	147 2,520	For filing a request for ex parte reexamination	0.00	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00	
115 110	215 55	Extension for reply within first month	0.00	
116 390	216 195	Extension for reply within second month	0.00	
117 890	217 445	Extension for reply within third month	0.00	
118 1,390	218 695	Extension for reply within fourth month	0.00	
128 1,890	228 945	Extension for reply within fifth month	0.00	
119 310	219 155	Notice of Appeal	0.00	
120 310	220 155	Filing a brief in support of an appeal	0.00	
121 270	221 135	Request for oral hearing	0.00	
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00	
140 110	240 55	Petition to revive - unavoidable	0.00	
141 1,240	241 620	Petition to revive - unintentional	0.00	
142 1,240	242 620	Utility issue fee (or reissue)	0.00	
143 440	243 220	Design issue fee	0.00	
144 600	244 300	Plant issue fee	0.00	
122 130	122 130	Petitions to the Commissioner	0.00	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	0.00	
126 180	126 180	Submission of Information Disclosure Stmt	0.00	
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	0.00	
179 750	279 375	Request for Continued Examination (RCE)	375.00	
169 900	169 900	Request for expedited examination of a design application	0.00	
Other fee (specify)				0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 375.00**SUBMITTED BY**

Name (Print/Type)	Douglas J. Ryder	Registration No. (Attorney/Agent)	43,073	Complete (if applicable)	Telephone	(215) 766-2100
Signature		Date	9/24/03			

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